

# **PHARMACY PRACTICE RESIDENCY MANUAL**

**2009-2010**

**VETERANS AFFAIRS MEDICAL CENTER**

**MARTINSBURG, WV**



**Residency Program Director and Chief of Pharmacy:**  
**Mike Evanko, P.D.**

**Residency Coordinator:**  
**Anneke Tavenner, Pharm.D.**

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Dear Residents:

The purpose of the Residency Manual is to provide general information on policies, procedures, benefits, and other information that may be helpful towards the completion of your residency. Please read this manual and keep it for further reference.

If you have any questions regarding this manual, please address them with the Residency Program Coordinator.

Please be aware that policies and procedures may be revised at any time, when deemed appropriate. Residents will be informed of any changes.

Best wishes for a successful and rewarding residency year!

Sincerely,

Anneke Tavenner, Pharm.D.  
Residency Program Coordinator/Clinical Coordinator  
Veterans Affairs Medical Center  
Martinsburg, WV

## **ORIENTATION REQUIREMENTS**

Your orientation schedule for 7/6-7/7 is as follows: (Residents will be notified of any changes)

July 6, 2009: Out of cycle orientation for VAMC Martinsburg

08:00	Report to inpatient pharmacy for escort to HR
08:10-11:00	HR
11:00-11:30	PPDs (Occupational Health)
11:30-11:45	Fire Safety (Room 3A-150)
12:00 –13:00	Lunch
13:00 -13:30	Infection Control (Room 3A-150)
13:30 -14:00	General Safety (Room 3A-150)
14:00 - 14:45	Computer training (3A-150)
15:00 - 15:30	Privacy Training (Room 3A-150)
15:30 –16:00	Report to Inpatient pharmacy to get signature for issue of employee badges.
16:00- 16:30	Report to Room C-114 for wrap-up.

July 7<sup>th</sup>, 2009:

08:00 – 10:30	Report to computer training (3C-120)
11:00 – 11:30	Report to room C-114 for escort to get employee badges
11:30 – 12:30	Lunch in inpatient pharmacy
13:00 - 15:00	Report to C-114 for ADR training
15:00 - 16:00	SU guidelines for journal club review (teleconference)
16:00 - 16:30	Wrap up with Residency Coordinator

July 20<sup>th</sup>-21<sup>st</sup>: New Employee Orientation for VAMC Martinsburg

July 29<sup>th</sup>: Orientation for Shenandoah University

## VA MISSION STATEMENT

To fulfill President Lincoln's promise – **"To care for him who shall have borne the battle, and for his widow, and his orphan"** – by serving and honoring the men and women who are America's veterans.

### VA Vision

To provide veterans the world-class benefits and services they have earned – and to do so by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

### VA Core Values

**Compassion** – We will treat all veterans and their families with the utmost dignity and compassion. We will provide services in a caring manner, with a sympathetic consciousness of others' distress together with a desire to alleviate it.

**Commitment**– Veterans have earned our gratitude and respect. Their health care, benefits, and memorial service needs to drive our actions

**Excellence** – We strive to exceed the expectations of veterans and their families. We strive to perform at the highest level of competence and take pride in our accomplishments.

**Professionalism**– Our success depends on maintaining a highly-skilled, diverse, and compassionate workforce. We foster a culture that values equal opportunity, innovation, and accountability.

**Integrity**– We recognize the importance of accurate information. We practice open, truthful, and timely communication with veterans, employees, and external stakeholders. By carefully listening and responding to their concerns, we seek continuous improvement in our programs and services.

**Accountability**– We will perform in a manner at all times that makes us accountable, responsible, and answerable to veterans and their families, our leaders and other employees as well as external stakeholders.

**Stewardship**– We will ensure responsible stewardship of the human, financial, and natural resources as well as data and information entrusted to us. We will improve performance through the use of innovative technologies, evidence-based medical practices, and sound business principles.

### Strategic and Enabling Goals

**Goal 1** – Restore the capability of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.

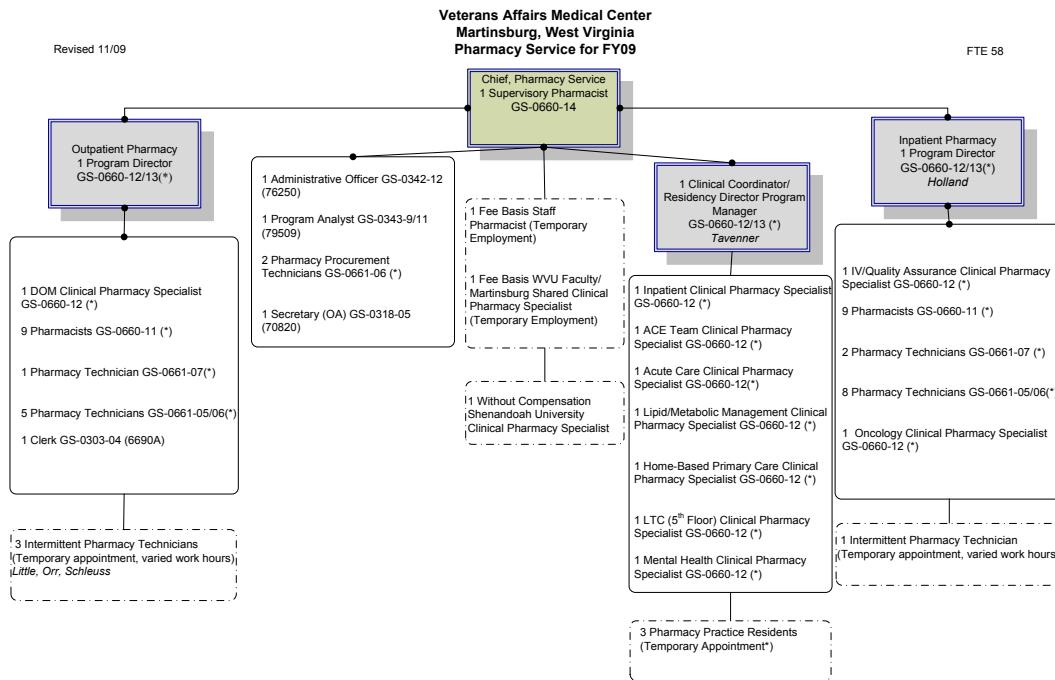
**Goal 2** – Ensure a smooth transition for veterans from active military service to civilian life.

**Goal 3** – Honor and serve veterans in life, and memorialize them in death for their sacrifices on behalf of the Nation.

**Goal 4** – Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.

**Enabling Goal** – Deliver world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources

# PHARMACY SERVICE ORGANIZATIONAL CHART



## **PURPOSE OF THE VAMC MARTINSBURG/SHENANDOAH UNIVERSITY SCHOOL OF PHARMACY PGY1 RESIDENCY**

**Purpose of this residency:** To develop proficient, competent leaders in clinical pharmacy practice.

**From the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Resident Programs: Purpose of PGY1 Residencies:**

Residents in PGY1 residency programs are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting. PGY1 residents acquire substantial knowledge required for skillful problem solving, refine their problem-solving strategies, strengthen their professional values and attitudes, and advance the growth of their clinical judgment. The instructional emphasis is on the progressive development of clinical judgment, a process begun in the advanced pharmacy practice experiences (APPE or clerkships) of the professional school years but requiring further extensive practice, self-reflection, and shaping of decision-making skills fostered by feedback on performance. The residency year provides a fertile environment for accelerating growth beyond entry-level professional competence through supervised practice under the guidance of model practitioners. Specifically, residents will be held responsible and accountable for acquiring these outcome competencies: managing and improving the medication-use process; providing evidence-based, patient-centered medication therapy management with interdisciplinary teams; exercising leadership and practice management; demonstrating project management skills; providing medication and practice-related education/training; and utilizing medical informatics.

**Principles used for guidance of PGY1 residencies as set forth by ASHP:**

**Principle 1:** The resident will be a pharmacist committed to attaining professional competence beyond entry-level practice.

**Principle 2:** The pharmacy residency program will provide an exemplary environment conducive to resident learning.

**Principle 3:** The resident will be committed to attaining the program's educational goals and objectives and will support the organization's mission and values.

**Principle 4:** The resident's training will be designed, conducted, and evaluated using a systems-based approach.

**Principle 5:** The Residency Program Director (RPD) and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents.

**Principle 6:** The organization conducting the residency will meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program.

**Principle 7:** The pharmacy will be organized effectively and will deliver comprehensive, safe, and effective services.

**Program Goals for the VAMC Martinsburg/Shenandoah-SOP PGY1 Pharmacy Residency Program**

Each PGY1 Pharmacy Residency accredited by ASHP must meet the required program goals as set forth by ASHP:

**ASHP Required Outcomes:**

- Outcome R1: Manage and improve the medication-use process.
- Outcome R2: Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.
- Outcome R3: Exercise leadership and practice management skills.
- Outcome R4: Demonstrate project management skills.
- Outcome R5: Provide medication and practice-related education/training.
- Outcome R6: Utilize medical informatics.

**Potential Electives for PGY1 Pharmacy Residency Programs**

- Outcome E1: Conduct pharmacy practice research
- Outcome E2: Exercise added leadership and practice management skills.
- Outcome E3: Demonstrate knowledge and skills particular to generalist practice in the home care practice environment.
- Outcome E4: Demonstrate knowledge and skills particular to generalist practice in the managed care practice environment.
- Outcome E5: Participate in the management of medical emergencies.
- Outcome E6: Provide drug information to health care professionals and/or the public.
- Outcome E7: Demonstrate additional competencies that contribute to working successfully in the health care environment.

The VAMC Martinsburg Pharmacy Residency Program is committed to providing a residency program that meets the accreditation standards and underlying principles set forth by ASHP for PGY1 Pharmacy Residency Programs. The program will be adapted to the unique goals, objectives and career plans of the resident. Residency program requirements may be altered due to changes as required by ASHP guidance.

Graduates of the PGY1 Residency will be prepared to enter clinical practice, a fellowship program, or a PGY2 residency.

See RLS for additional information (Available on ASHP website:  
<http://www.ashp.org/Import/ACCREDITATION/ResidencyAccreditation/RegulationsStandards.aspx>)

## **GENERAL EXPECTATIONS AND RESPONSIBILITIES OF RESIDENTS**

### **Citizenship**

Pharmacy residents for the Veterans Affairs Medical Center, Martinsburg Pharmacy Practice Residency must be U.S. citizens.

### **Pharmacy Education**

Pharmacy residents must have graduated with a Pharm.D. from an ACPE accredited school of pharmacy.

### **Licensure**

To be accepted into the Martinsburg Veterans Affairs Medical Center Residency Program, the applicant must be a U.S. citizen, a graduate of an accredited school of pharmacy, and hold an active pharmacy license or be eligible for licensure in any U.S. state or territory.

After beginning the residency, the Pharmacy Resident will have until August 15<sup>th</sup> of that same year to become licensed in any state as a pharmacist, which consists of passing both the NAPLEX exam provided by NABP and the respective state Law Exam provided by the state's Board of Pharmacy.

If the resident is not licensed by September 1<sup>st</sup>, the Residency Program Director has the right to dismiss the Resident from the residency program. In the event of extenuating circumstances, the Residency Program Director may approve an extension, if deemed appropriate.

### **Attendance and Leave**

Attendance at all rotations must conform to the goals and objectives of that rotation. Any absences must be excused in accordance with the procedures of the program and be approved by the preceptor of record and the Residency Program Coordinator.

#### **Sick Leave**

Four hours per pay period (13 days per year)

Call Residency Coordinator (backup Pharmacy Chief) and current preceptor

Must submit electronic leave request upon return to duty

Missing 3 or more days requires a note from your physician

#### **Late**

Call Residency Coordinator (backup Pharmacy Chief) and current preceptor

Must submit electronic leave request upon return to duty

#### **Annual Leave**

Four hours per pay period (13 days per year)

Must be planned and electronically requested/approved in advance

AL should be used for short vacation, job interviews, extended holidays

#### **Leave for Professional Meetings and Interviews**

Residents will be granted Approved Absence leave for approved professional meetings (generally ASHP Midyear and Eastern States). Residents may use annual leave for interviews.

#### **Residency Completion Time**

Residents are expected to complete the residency program within one year of beginning the program. The time frame may be extended to 18 months in order to complete the requirements of the residency program in the event of extenuating circumstances such as extended sick or family medical leave. In such a case, the Residency Program Coordinator, in conjunction with the Residency Advisory Committee, must approve the extension.

### **Working Externally**

From the ASHP Residency accreditation standard: Resident's primary professional commitment must be to the residency program. Therefore, it is expected that any commitments made outside of the residency will not interfere in any way with residency obligations.

### **Professional Conduct**

It is the responsibility of all residents to uphold the highest degree of professional conduct at all times in accordance with the VA Core Competency Definitions:

<http://www1.va.gov/workforcegl/docs/HPDMDDefinitions1-14-2002.doc>

### **Dress Code**

Pharmacy residents will dress professionally at all times. It is required that nametags be worn for identification. A lab coat is required to be worn when in patient care areas. If the resident wears attire that is deemed unprofessional by the Residency Director, Residency Coordinator, or preceptors, the resident will be asked to leave and change into professional attire.

During outside rotations, the resident is to comply with the dress code policy at the rotation site.

### **Patient Confidentiality**

Patient confidentiality will be strictly maintained by all residents. Any consultations concerning patients will be held in privacy. Residents will undergo Health Insurance Portability and Accountability Act (HIPPA) training during new employee orientation and abide by HIPPA regulations during practice.

## **ROTATIONS, REQUIREMENTS, AND OPTIONAL LEARNING EXPERIENCES**

The Martinsburg Veterans Affairs Medical Center Pharmacy Residency is a one year, one day appointment.

### **Rotations**

Orientation:

1. New Employee Orientation (1 week)
2. Inpatient Pharmacy (4 weeks)
3. Outpatient Pharmacy (4 weeks)

Primary Care:

1. Outpatient Pharmacy (Core, 6 weeks)
2. Anticoagulation Clinic (Core, 6 weeks)
3. Pharmacotherapy Clinic (Core, 6 weeks)
4. Lipid Clinic (Elective, 4 weeks)
5. Hepatitis C Clinic (Elective, 4 weeks)

Acute Care:

1. Inpatient Pharmacy (Core, 6 weeks)
2. Internal Medicine (Core, 6 weeks)
3. Intensive Care (Elective, 4 weeks)
4. Psychiatric Care (Elective, 4 weeks)

Long Term Care:

1. Nursing Home Care Unit (Core, 6 weeks)

Longitudinal Rotations (12 months):

1. Journal Club/Forum/Teaching Certificate – Shenandoah University (Core, teaching certificate not required)
2. Practice management/Research project (Core)
3. Management (Core)

Rotations will be scheduled in the following order (Longitudinal rotations will coincide with orientation, core and elective rotations):

1. Orientation rotations
2. Core rotations
3. Elective rotations

### **Longitudinal Responsibilities**

1. Development, submission to IRB, implementation, analysis, presentation, and completion of a manuscript of a practice-based research project.
2. Professional writing development through required:
  - A. Drug Information Questions
  - B. Drug Utilization Evaluations (retrospective) to be presented at P&T
  - C. Medication Use Evaluations (prospective) to be presented at P&T
  - D. Pharmacy Newsletter (The Capsule)
  - E. Drug Monograph
4. Teaching Presentations
  - A. Medical Grand Rounds
  - B. Journal clubs for pharmacy students
  - C. Case-based disease state management discussions
5. Preceptorship and management of pharmacy student learning experiences
6. Administration and participation in the facility emergency preparedness cache drill
7. Participation and leadership within the institution's committees:
  - Pharmacy & Therapeutics (ADR reporting, MUE, DUE)
  - Patient Safety (ISMP report, nursing medication error report)
8. Participation and leadership within the pharmacy department's staff development:
  - Clinical Pharmacist Meeting
  - General Staff Meeting
9. Completion of the Teaching Certificate Program offered by Shenandoah University (optional).
10. Patient Group Education in the:
  - A. Smoking Cessation Clinic (Required)
  - B. Lipid Clinic
  - C. Diabetes Clinic
11. Attendance and presentation at required clinical meetings:
  - ASHP Midyear
  - Eastern States
  - Residency trips (TBA).
12. Staffing

### **Residents are expected to fulfill the following general requirements in addition to longitudinal practice responsibilities:**

1. Attend Residency Orientation at the School of Pharmacy
2. Attend all orientations for VAMC Martinsburg
3. Attend monthly Residency Forum/Journal Club meetings at SU
3. Complete all trainings required for employees of the VA, to include BCLS
4. Attend Residency Graduation

Residents have the option to participate in the following:

1. School of Pharmacy faculty meetings
2. School of Pharmacy social events
3. Residency Teaching Certificate Program
4. Residency conference calls (TBA)

### **Staffing Requirements**

Each resident will staff every 3<sup>rd</sup> weekend. Resident will staff in Outpatient Pharmacy on Saturdays (08:00-16:30) and Inpatient Pharmacy on Sundays (TBA), beginning after completion of both Outpatient and Inpatient orientations.

The resident may elect to take a day off during the week before the staffing weekend, and the week after the staffing weekend, meetings and other commitments permitting. If a day off is elected, please inform the Residency Program Director which days are planned for leave. Do not enter this leave electronically.

### **Resident Evaluations**

For each learning experience the following evaluations will be completed:

1. Summative Evaluation by the Preceptor
2. Summative Evaluation by the Resident
3. Learning Experience Evaluation by the Resident
4. Preceptor Evaluation by the Resident

Evaluations for rotations will occur via the ResiTrak® software program. For an overview of the Residency Learning System and ResiTrak®, the resident should refer to the Resident's Guide to the RLS available on the ASHP website and ResiTrak® program available on the ResiTrak® website.

For rotations that are one month long, evaluations are completed at the end of the rotation. For longitudinal rotations, evaluations occur quarterly. The resident and the preceptor are prompted by ResiTrak® approximately five days in advance of the date that the evaluation is to be completed. It is the resident's responsibility to complete and discuss the evaluations fact to face with the preceptor prior to the end of the rotation.

The Residency Coordinator will review all evaluations of the residents' performance as they are completed. After completion of a rotation, the preceptor will discuss the resident's performance at the next Residency Advisory Board meeting.

### **Snapshot Evaluations**

Preceptors are encouraged to complete snapshot evaluations throughout the resident's rotation to provide additional written feedback to residents if deemed appropriate by the preceptor.

### **Quarterly Evaluations**

The Pharmacy Coordinator shall meet with the resident quarterly. Prior to these meetings, the resident will complete the Quarterly Residency Plan (See Appendix 3: Quarterly Residency Plan). The purpose of quarterly evaluations is to review evaluations of the resident's performance, review of resident's evaluations of preceptors and rotations, review the plan for the next quarter, review any ongoing projects, and revise the residency plan if appropriate. The resident's progress and performance as they relate to the residency's goals and objectives will be discussed.

### **Additional Sources of Evaluation**

Additional sources of feedback can include written notes, emails, revisions and suggestions and oral feedback. The goal is for the resident to have frequent sources of feedback so that they can continue to develop their skills and improve in areas that need attention.

### **Compliance with Evaluation Policy**

Residents must comply with the evaluation policy and complete evaluations as required. Failure to comply with this policy may result in disciplinary action by the Residency Program Director.

### **Completion of Program Requirements**

1. Successful completion of all site specific residency requirements as set forth by ASHP Residency Accreditation Standards
2. Successful completion of all required longitudinal practice responsibilities.
3. Successful completion of all general requirements
4. Successful completion of a residency research project and written manuscript in a publishable format for a peer reviewed journal.
5. Attendance at the Residency Graduation Ceremony

## **GUIDANCE**

**\*\*Past residents' binders are available for format guidance if needed\*\***

### **Residency Project**

#### **The Research Project Advisory Committee**

The Research Project Advisory Committee (R-PAC) at the Martinsburg VA Medical Center will advise the resident through each stage of the residency research project.

The Research Project Advisory Committee will consist of the:

1. Resident
2. Clinical pharmacist research preceptor (Melinda Albritton)
3. Institutional Review Board Liaison (Dr. Foley)
4. Pharmacy Department ADPAC (Flo Vitanza)
5. Residency Program Director (Mike Evanko)

The research project will be developed based on the resident's practice interests.

The R-PAC will ensure that throughout the research project patient safety and sensitive healthcare information are protected. The R-PAC will ensure that the resident meets all deadlines for timely completion of the research project.

The Ambulatory/Community Care Research Advisory Committee and Acute Care Research Advisory Committee from Shenandoah University may provide support and project oversight as necessary.

#### **Proposed Ideas**

- Impact of nutraceuticals in mental health/re-hospitalization by ingredient
- Pharmacokinetic dosing of aripiprazole (benefit and acceptance by providers)
- Hospitalization rates for each atypical antipsychotic agent by ICD code
- Statins lower level of vitamin D – checking vitamin D pre/post-statin therapy
- Lipid therapy in African Americans with elevated CPKs who exercise (incidence of discontinuation of lipid therapy – appropriate or inappropriate)

Please refer to the Uniform Guide for Manuscripts. (Available online and from the Residency Coordinator)

\*VA requires online LMS training: Information Security for Research and Development Personnel. Please be sure to complete this online class as soon as possible.

### **Residency Grand Rounds**

Grand Rounds Mentor: Jennifer Clements, Pharm.D., BCPS Ext: 4374

### **Journal Club Guidelines**

VAMC (To be distributed to pharmacy students): See Appendix 4: VAMC Journal Club Guidelines

SU (To be followed by residents): See Appendix 5: SU Journal Club Guidelines and Schedule

### **Residency Binder Guidelines**

Your residency binder should serve as a testament of your achievements during your residency. Two binders of identical content should be maintained. One will be your copy to take with you upon graduation. The other copy is for the Martinsburg VA Medical Center to keep as a record of your achievements. The binder(s) should be neat and orderly. Dividers should be utilized to maintain organization. At the end of each quarter, your binder will be collected and used in your evaluation.

While the organization of the binder is at your discretion, there are core content requirements. The required contents are described below. Each of the bulleted items below should be a section in the binder. Any additional projects assigned to you should also be included as additional sections in the binder.

**\*ALL IDENTIFYING PATIENT INFORMATION MUST BE REMOVED FROM ALL MATERIALS PRIOR TO INCLUSION IN THE BINDER\***

#### **INITIAL PROGRAM PLAN WITH SCHEDULE**

#### **DISEASE STATE DISCUSSIONS**

The binder should contain a copy of the formal written case presentation that was discussed with the students, any handout that was supplied, and the PowerPoint presentation if applicable. The resident should incorporate pertinent clinical studies, evidence-based medicine, and treatment guidelines.

#### **GRAND ROUNDS PRESENTATION**

The binder should contain a copy of the PowerPoint presentation and any handouts that were provided. A copy of the "Feedback Form" provided by the Education Office following your presentation should also be included.

#### **RESEARCH PROJECT**

The binder should also include a copy of ALL forms submitted to the IRB for approval. Raw data should be included AFTER all patient identifying information has been REMOVED. The final abstract, a copy of your final poster, a copy of the PowerPoint presentation, and the completed manuscript must be included. All copies of evaluation forms from Eastern States should be included. Finally, a copy of ALL paperwork submitted to IRB for the closure of the project should be included.

#### **MEDICATION USE EVALUATIONS**

The binder should contain a copy of the DUE proposal, data, results, and final presentation.

#### DRUG USE EVALUATIONS

The binder should contain a copy of the Word document used for the MUE template. A copy of the PowerPoint presentation used to present the MUE to the P&T Committee and screen captures of the CPRS version of the MUE should also be included.

#### NON FORMULARY REQUESTS

The binder should contain no less than 50 of your highest quality completed consults. Please use Word document files and do NOT include any patient identifying information in the copies for the binder.

#### JOURNAL CLUB PRESENTATIONS

**Student Journal Club** - The binder should contain a copy of each article discussed, a copy of the student's handout, and a copy of your evaluation of the student.

**Shenandoah Resident Journal Club** – The binder should contain a copy of each article discussed, a copy of your handout if presenting, and a copy of the evaluations you received.

#### DRUG MONOGRAPH

The binder should include a final copy of your drug monograph. If the monograph was presented to the Pharmacy Benefits Management (PBM) group and Criteria for Use were developed, this documentation should also be included.

#### DRUG INFORMATION REQUESTS

The binder should include a copy of each drug information response. A copy of the completed Requestor's Contact Information form, found on the Pharmacy Intranet page, should accompany each response. Each response should include all the references in the National Library of Medicine referencing style. Evaluation forms submitted by each reviewing clinical pharmacist should accompany each response.

#### MEDWATCH FORMS

The binder should include a copy of each MedWatch form completed and presented to the P&T Committee. ALL patient identifying information must be REMOVED.

#### PATIENT EDUCATION CLASSES

A copy of the outline used to teach the patient education classes should be included. Copies of the research/reference material used to develop the teaching outline should also be included.

#### PHARMACY NEWSLETTER

A copy of each article composed for the quarterly pharmacy newsletter should be included in the binder. A copy of the final published edition of the newsletter should also be included.

#### CACHE DRILL

The binder should contain a copy of the drill scenario that was implemented. Any dispensing logs, information sheets, or handouts developed for the drill should be placed in the binder. A copy of the pharmacist in-service training should be included. A critique of the drill should be completed and placed in the binder.

#### CLINICAL PHARMACISTS' MEETINGS

Each resident will chair the Clinical Pharmacist's meeting for an assigned period. A copy of the compiled agenda should be included in the binder. Copies of any articles, alerts, guidelines, etc. discussed at the meeting should be included in the binder.

#### ROTATIONS

Each clinical rotation should have its own section in this binder. All projects completed during the rotation should be maintained in this section (presentations, patient cases, additional journal club/review of primary literature, additional DUE or projects, etc.). ALL patient identifying information must be REMOVED.

## EVALUATIONS

The binder shall contain any and all formative evaluations (presentation critiques, feedback on projects, snapshot evaluations).

A copy of the completed “Skills and Areas of Interest survey” document should be included in the binder.

The binder should contain a copy of the following evaluations for EACH rotation completed (printed from ResiTrak®):

1. Resident Summative Self-Evaluation
2. Preceptor Summative Evaluation
3. Snapshot Evaluation (if done)
4. Resident’s Evaluation of Learning Experience
5. Resident’s Evaluation of Preceptor

The binder should also contain a copy of the following for each quarter

1. A log of activities completed by the resident during the quarter
2. A quarterly evaluation of the resident performed by the Residency Program Director (RPD)
3. A quarterly review of the Customized Training Plan by the RPD

The binder should also contain a copy of the resident’s final self-reflection on the residency year.

## **Resi-Trak®**

Resident’s guide to ResiTrak®: See Appendix 6: ResiTrak® for Residents

## **SUGGESTED Residency Year Timeline**

### July

1. Make arrangements for NAPLEX and CJPE exams (if not done already)
2. BCLS class (if BCLS is not active or will expire soon)
3. The resident, in conjunction with his/her potential project preceptor(s), will identify a research project from the list of possible projects provided to the residents. A written summary of the project's goals, methods, and anticipated impact on services, signed by the project preceptor must be submitted to his/her residency director no later than August 1st. Earlier submission is encouraged.

### August

1. Residents make final decision on residency projects by August 1.
2. Choose a topic and date for Grand Rounds
3. Finalize topic and date for Grand Rounds by September 1st
4. Choose dates for submission of P&T monograph and presentation to P&T.

### September

1. Topic and date for Grand Rounds due on September 1st.
2. Residents present the following information for research projects:  
Background information, Hypothesis, Methods, Objectives / Outcomes, Statistics, Data collection tools, Timeline for completion
3. Start IRB submission forms

### October

1. **ASHP** Abstract Deadline (Aug 15 to Oct 1) (see [www.ashp.org](http://www.ashp.org) for details)

#### November

1. Begin data collection following IRB approval
2. Prepare poster for ASHP Clinical Midyear Meeting (optional)
3. Present project to preceptors as a lunch seminar

#### December

1. Present posters at ASHP Clinical Midyear Meeting (Optional)
2. Continue data collection
3. Work on Grand Rounds and discuss with a mentor

#### February

1. Abstracts due for Eastern States
2. Grand Rounds
4. Next residency class interviews (residents are expected to participate and help with recruitment)

#### April/May

1. Finish data collection
2. Prepare statistical results
3. Present at Eastern States

#### June

1. Prepare for end of year
2. Submission of all required materials

#### **Residency Checklist**

See Appendix 7

## **RESIDENCY OVERSIGHT**

#### **Residency Advisory Board**

The Residency Advisory Board (RAB) at the Martinsburg VA Medical Center will:

1. Provide direction, structure and leadership to the residency program
2. Monitor resident progress and provide feedback
3. Address problems and/or concerns identified by the residents regarding the residency program
4. Adjudicate and enforce Pharmacy Service SOP No. 1 “Pharmacy Resident Probation/Dismissal and/or Withdrawal”

All clinical pharmacist preceptors are encouraged to participate in the RAB meetings.

The Residency Advisory Board (RAB) will consist of the following voting members:

1. Residency Program Director
2. Chief of Pharmacy Service
3. Shenandoah University Director for Post Graduate Education
4. Clinical pharmacy preceptors

The RAB will meet on a scheduled quarterly basis to monitor resident progress and conduct long-term planning for the residency program.

Additional meetings will be scheduled, as needed, to address the resident's problems and/or concerns or to investigate/initiate disciplinary proceedings.

### **Residency Oversight Committee**

#### **Programs:**

Martinsburg Veterans Affairs Medical Center  
Valley Health

Amherst Family Practice

**Overview:** The Residency Oversight Committee is administered by Shenandoah University and shall provide guidance to all residency programs affiliated with the Bernard J. Dunn School of Pharmacy by ensuring a consistent, systems-based approach across all residency programs where possible. Each residency site may continue to have a Residency Advisory Committee for more residency site-specific issues.

**Purpose:** The purpose of the Residency Oversight Committee is as follows:

1. To provide common structure to all programs where possible through the formation of core policies and requirements
2. To serve as a means of coordination, planning, and sharing of ideas between programs
3. To address global resident concerns
4. To provide peer review of each residency program
5. To provide strategic planning

**Membership:** The Residency Oversight Committee will have the following members: Residency Program Directors of affiliated residencies, Director of Postgraduate Education of the Bernard J. Dunn School of Pharmacy, one resident member to be chosen yearly by each residency class.

**Meetings:** Meetings will occur at least quarterly and could occur up to six times per year. Minutes will be recorded and distributed to the group.

### **PHARMACY RESIDENT PROBATION/DISMISSAL AND/OR WITHDRAWAL**

- I. **PURPOSE:** To establish policy and procedures for either placing a pharmacy resident on a probationary status or dismissing him/her from the program.
- II. **POLICY:** A pharmacy resident may be placed on probation, dismissed, or voluntarily withdraw from the program should there be evidence of their inability to function effectively or putting patients at risk. Examples which would require action are listed, but are not limited to the following:
  - A. Behavioral misconduct or unethical behavior that may occur on or off station premises
  - B. Unsatisfactory attendance
  - C. More than one unsatisfactory performance evaluation
  - D. Theft of government property
  - E. Mental impairment caused by mental disorder or substance abuse

### III. **DEFINITION:**

- A. Residency Appointment Period: 366 days; however, the resident may request an extension of up to 6-months if extenuating circumstances prevent completion of the residency within the assigned appointment period. This request should be in written format to the Residency Director for review and concurrence of the Residency Advisory Board.
- B. Residency Advisory Board
  - 1. Residency Program Director
  - 2. Chief of Pharmacy Service
  - 3. Shenandoah University Director for Post Graduate Education
  - 4. All facility clinical pharmacist preceptors

### IV. **RESPONSIBILITY:**

- A. The **preceptor** will be responsible for:
  - 1. Documenting unsatisfactory performance of a pharmacy resident in writing and review with the resident at the terminal evaluation conference for the rotation.
  - 2. Documenting in writing any unethical or unprofessional behavior that would warrant formal counseling or disciplinary action.
  - 3. Documenting in writing any actions the resident may have taken that risks the patient's health or causes endangerment to any patient or personnel.
- B. The **Residency Advisory Board** will :
  - 1. Call a special disciplinary meeting to review the documentation provided by the preceptor or any other significant documentation that pertains to the cases.
  - 2. Recommend based upon the evidence provided that the resident be placed on probation, dismissed, or that no action be taken.
- C. The **Residency Director** will:
  - 1. Counsel the resident at the time of the first instance of unsatisfactory performance.
  - 2. Notify the resident verbally and in writing, after the second instance of unsatisfactory performance, of their probationary status.
  - 3. Notify the resident verbally and in writing, of dismissal, upon receipt of the recommendation of the Residency Advisory Board.

### V. **PROCEDURE:**

- A. The preceptor clinical pharmacist will provide the Residency Director with a written evaluation and documentation of any unacceptable performance or actions. The resident will receive counseling and assistance on how to improve performance. The first unsatisfactory appraisal will not result in probation.
- B. Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional conduct or actions, the residency director will call an emergency Residency Advisory Board meeting to determine appropriate action. Action may be placing the resident on probation for four weeks, or additional counseling will be suggested.
- C. Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional or unethical conduct, or absence without leave (AWOL), the residency director will call an

emergency Residency Advisory Board meeting to discuss appropriate actions. Actions will be either dismissal or additional probation.

- D. Actions that the Board deems necessary will be communicated to the resident both verbally and in writing by the residency director within 24 working hours.
- E. Dismissal from the residency program shall occur if there is discharge for cause. The resident shall not receive the remainder of the stipend, and a certificate will not be awarded.
- F. At any time, a resident may submit a two-week notice of resignation to the residency director.
- G. The resident has the right to address the Residency Advisory Board on any issue related to dismissal. This can be both oral and in writing. This grievance will be sent to all parties involved in the dismissal procedure.

## **GENERAL INFORMATION (RESIDENCY LIFE)**

### **Residency Benefits**

Resident stipend

Health insurance

Sick leave: Four hours per pay period (13 days per year)

Annual leave: Four hours per pay period (13 days per year)

Funds for Professional Meetings

### **Resident Holidays 2009-2010**

#### **2009**

Monday, September 7	Labor Day
Monday, October 12	Columbus Day
Wednesday, November 11	Veterans Day
Thursday, November 26	Thanksgiving Day
Friday, December 25	Christmas Day

#### **2010**

Friday, January 1	New Year's Day
Monday, January 18	Birthday of Martin Luther King, Jr.
Monday, February 15*	Washington's Birthday
Monday, May 31	Memorial Day

### **Housing**

Housing may be available for residents on the VAMC Martinsburg campus. This is dependent on availability. Contact the Residency Program Coordinator or Chief of Pharmacy for additional information.

### **Office and Supplies**

Residents will have an office in room C-114 on the 1<sup>st</sup> floor. Code to office will be provided by the Residency Program Director. General office supplies can be obtained from Pharmacy Services. Ask Amitty Gant for information on procurement.

### **Pagers**

Residents will be issued pagers if necessary for the completion of rotation activities. Residents are financially responsible for lost pagers. Pagers must be turned in at termination of residency.

Pagers should be carried and turned on at all times when you are in the medical center. When you receive a page, it should be answered within 15 minutes unless it will interfere with patient care.

To page:

1. "5"
2. Enter their pager number
3. Enter your number or speak your message depending on the prompt

### **Phone**

\*3 will pick up almost any ringing phone in the same room

Long Distance "8"

Local "9"

To transfer phone:

1. Press down on hang up bar or press flash button
2. Dial number
3. Wait for ringing
4. Hang up

To forward phone (from input desk):

1. Pick up phone
2. Press call forward button
3. Put in number to forward phone to (3143- IV Room)
4. Hang up
5. Red light under call forward should be on
6. To take off forward
  - a. Pick up phone
  - b. Press red light
  - c. Hang up

### **Lab Coats and Scrubs**

Uniform Services are in the basement (Ext. 3086). Call uniform services to complete procedure for issuing of lab coats and scrubs.

### **Employee Identification Cards**

To be issued by Human Resources during new employee orientation or the PIV office (Ext. 2066)

### **Secretarial Support**

Amitty Gant is the pharmacy secretary. She is available to answer many of your administrative questions. (Ext. 3138)

### **Photocopying**

Copier machines are available in the Medication Administration Office (Across from inpatient pharmacy). The code to use these machines is available from Amitty Gant. Please do not distribute this code. These copiers are for business use only.

### **Resident Parking**

Present license, registration, and proof of insurance to police office next to the Emergency Department for parking stickers.

### **Keys**

Employee badges will serve to access restricted areas. Access privileges are assigned by Flo Vitanza in Pharmacy (Ext. 3140).

Keys to outpatient pharmacy will be assigned by Flo Vitanza. Residents are responsible for surrendering these keys to Pharmacy Service when clearing post.

### **Computer Access and Adding Share Drives**

DIAL H-E-L-P (4357) for IT issues

Access to Vista, GUI Mail, CPRS, BCMA, Outlook to be covered during new employee orientation

To add Pharmacy Share Drive:

1. Start
2. Search
3. Printer Computer
4. Comp on Network
5. vhamwvfpc1 Search
6. Double Click
7. Pharmacy Right Click
8. Click Map Network Drive
9. Drop down
10. Pick available letter "P"
11. Finish
12. Icon Pharmacy of" " on desktop
13. Click on it

### **To set up Printer**

**\*\*For each computer that you log into, a printer will have to be set up for your login. Once you have mapped a printer for a certain computer with your login, you won't have to do it again.**

1. Start
2. Run
3. [\\vhamwvfpc4](#)
4. Ok
5. Find the printer you want and right click
  - a. All pharmacy printers start with "PHA"
6. Connect

To set printer as default:

1. Double click on the *My Computer* icon on desktop.
2. Click on control panel.
3. Then click on printers.
4. Next click view printers (if you have windows XP).

A check mark will appear beside the printer that is set as default. If you want to set as default, right click on the printer and left click on set default.

### **Use of E-mail System**

To be covered during new employee orientation.

#### **Outlook**

1. Click on Outlook
2. Next
3. Exchange Server
4. Next
5. Server: vhav05msga1
6. User name: (type your last name)
7. Search for name
8. Finish

Outlook: To set up for Encryption

1. Must set up certificates first with Security Officer
  - a. Certificates need to be redone every year
    - i. Go to: <https://vaww1.va.gov/vapki2>
    - ii. Under Encryption select “for encryption and signing digital ID”
    - iii. Fill in required information and click submit
    - iv. Follow rest of instructions saving the certificates as PKI1 and PKI2
2. To import certificates
  - a. My Computer
  - b. Open Network Space
  - c. Double click on PKI1
    - i. Next
    - ii. Next
    - iii. Enter your password (Child or Pets name with first letter caps and followed by a number)
    - iv. Next
    - v. Next
    - vi. Finish
    - vii. OK
  - d. Double click of PKI2 and repeat the process
  - e. Exit out
3. Open Outlook
  - a. New mail message
  - b. Enlarge to full screen
  - c. Icons should appear, if not:
    - i. In the mail message Click Options
    - ii. Importance: High
    - iii. Sensitivity: Confidential
    - iv. Security Settings
      1. Check Encrypt Message and Digital Signature
      2. OK
    - v. Close
    - vi. Exit Message

- vii. Save changes? Yes
- viii. Open new mail message box
- ix. Icons should appear, if not:  
Call Chris Campbell (ISO)

## **Mail**

Each resident will have a mailbox in the basement pharmacy area.

## **Secure Tubing**

### **To Send**

- 1. Special Function
- 2. 73 (Return)
- 3. 1234 (Return)
- 4. Tube Number

### **To Receive**

- 1. When beeping type in 1234 (return)

## **Library Services**

The library is in room 2B-150. Librarian can perform searches for you on materials that are not available online. To get to the following resources, go to VAMC Homepage → Electronic Library:

**A-Z** (access the library's full text by journal title)

**ACP Pier Plus** (evidence based overview of diseases includes drug index)

**ATHENS** (printable only - request to sign up for Athens account)

**CINAHL** (index to nursing & allied health materials with some full text)

**MDConsult** (Select full text of medical books & journals & includes drug index)

**Mosby's Nursing Consult** (Select full text resources in nursing & includes drug index)

**Nursing Procedures 4.0** (Online version of Lippincott's standard nursing procedures)

**Outlines in Clinical Medicine**

**OVID On Line** (Interface to databases)

YOURJOURNALS@OVID – full-text of Martinsburg's OVID titles

BOOKS@OVID – Search 22 Complete books including Nursing Drug Handbook

MEDLINE – Search the NLM's MEDLINE medical articles index using OVID

PSYCHINFO – Search electronic Psychological Abstracts using OVID

**Martinsburg Library Catalog**

**UpToDate Online** (Summary of diseases by experts in the field includes drug index)

To get to the following resources, go to VAMC Homepage > VAMCHS Intranet (bottom of page):

**E-Journals**

**E-Books**

**MDConsults**

**Micromedex Healthcare Search**

**Mosby's Nursing Consults**

**New England Journal of Medicine**

**Outlines in Clinical Medicine**

**Ovid Gateway**

**UpToDate Online**

**eMedicine**

**Medline Plus Physician Directory**

**PubMed MEDLINE**

## APPENDICES

### PHARMACY TELEPHONE NUMBERS

<u>Pharmacy Service Office Personnel</u>	<u>EXT</u>	<u>PAGER</u>
Michael J. Evanko, Jr., P.D., FASCP, Chief	3136	5 - 3136
Todd Holland, Supervisor, Inpatient Section	3141	5 - 1896
Scott Fisher, Supervisor, Outpatient Section	3148	5 - 2112
Anneke Tavenner, Clinical Coord/Residency Director		
Florinda Vitanza, Program Specialist	3140	5 - 2800
Ann McCarter, Program Analyst	3139	
Lauren Miller, Secretary	3138	

#### Clinical Pharmacy Specialists

Donna Salmieri	CPC-1 (ANTICOAG)	4962	
Neo Melonas	CPC-2 (ANTICOAG)	3728	
Alice Sowada	CPC-3 (ANTICOAG)	4573	
Laura Irwin	(LIPID)	4947	5 - 5287
Jennifer Clements	(PHARMACOTHERAPY)	3278	
Mitch Johnston	(PSYCH)		5 - 2113
Richard Corbin	(LTC)		5 - 2115
Trisha Williams	(MED/ICU)		5 - 2108
Tim Kefauver	(NHCU)	3159	5 - 7050
Beth Sheldon	(HBPC)		5 - 3300
Susan Matvay	(ACE)		877-320-6342
Jerri Keel	(DOM)	3787	

#### CBOC Pharmacists (ANTICOAG)

Ron Kessler	(CUMBERLAND)	(301) 724-0061
Samia Farah	(STEVENS CITY)	1532
Susan Matvay	(HAGERSTOWN)	2409

#### Pharmacists

Debbie Feingold	(OP)	5 - 2118
Sharon Green	(IP/DC/OP)	5 - 2117
Jeff Hartley	(IP/NH)	5 - 2119
Rick Losh	(IV/IP)	5 - 2109
Cathy McWilliams	(IV/IP/OP)	5 - 2114
Corey Zimmerman	(IV/IP/OP)	5 - 2673

<u>Procurement Specialists</u>	<u>EXT</u>	<u>PAGER</u>
Linda Martin (Procurement)	3157	5 - 3990
Carolyn Schultz (Procurement)	3157	5 - 3990

#### Inpatient Section of Pharmacy Service

IV Room	3143	
FDS Machine	3146	
Filling Area	3145	
Input Pharmacist Workstation	3128/3142	
Conference Area	3180	
Pyxis	3144	5 - 2100

Outpatient Section of Pharmacy Service

Consult Room #1	3871
Consult Room #2	3872
Consult Room #3	3873
Rx Information	3150/3151
Vault	3874/4128
Outpatient Clinic Processing	3171

Service Pagers

Nursing Home (Mon-Fri)	5 - 7050
Off Tours/Discharge	5 - 3301

Wards

4A (Medical/Pulmonary)	3642/3644
4C (Intensive Care Unit)	3660/3662
5A (Nursing Home)	3670/3671
5C (Long Term Care)	3666/3667
6A Ward	3684/3685
NHCU-A	4616
NHCU-B	4620/4621
Dom Clinic	4504/4500
Trouble Line	3370

FAX

	304-264-4485
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Martinsburg VA Direct Line

	304-263-0811
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**Incoming Residency Plan Form  
Postgraduate Year 1 Pharmacy Residency  
Veterans Affairs Medical Center, Martinsburg**

**Initial plan for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Based on the resident's incoming knowledge, skills, and abilities as evaluated by the Skills and Areas of Interest Survey for Incoming Residents, please identify any areas for improvement and goals for overcoming these. (This will be reassessed quarterly throughout your residency).**

**Residency Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Residency Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed and approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Quarterly Residency Plan Form**  
**Postgraduate Year 1 Pharmacy Residency**  
**Veterans Affairs Medical Center, Martinsburg**

**Quarterly Residency Plan for** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A. Review of \_\_\_\_\_ quarter:**

1. Rotations completed:
2. Progress on research project:
3. Presentations (if applicable):
4. Professional Development:
5. Other:

**B. Resident goals, and progress towards these goals (please review current goals and add any additional goals you have for the next quarter):**

**C: Core requirements:**

**Key:**

**NI = Needs Improvement      SP=Satisfactory Progress      EE=Exceeds Expectations**

Area of Evaluation	NI	SP	EE	Comments
Non-Formularies				
Newsletter				
Patient Group Education				
Clinical pharmacy meeting				
Journal Club facilitating/grading				
ADR verification				
Required Training/Orientation				
Grand Rounds				
Recruitment				
Residency Project				
Staffing				
MUE/DUE				
Disease state discussions				

Precepting				
Evaluations				
Additional Goal:				
Additional Goal:				
Additional Goal:				
Additional Goal:				
Additional Goal:				
Additional Goal:				

**D. Ongoing Residency Plan (to be completed by Residency Program Coordinator):**

**Residency Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Residency Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed and approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **VAMC JOURNAL CLUB GUIDELINES**

### **JOURNAL CLUB**

Martinsburg Veteran Affairs Medical Center

- Purpose:** To develop skills in assessing the primary literature and verbally presenting findings of clinical investigations published in medical literature
- Objectives:** For the journal club presentation, the student should be able to:
1. Develop oral communication skills by presenting timely articles of adult care interest
  2. Prepare and deliver an oral presentation by summarizing and critically evaluating a research article
- Guidelines:** Please follow these guidelines regarding journal club presentation:
1. Journal articles will be distributed one week prior to scheduled presentation date.
  2. Prepare a two-to-three page typewritten outline of your presentation to distribute at the time of the presentation.
  3. Prior to presenting the article, briefly give a two-to-three minute description of the journal from which the article was obtained. The following information should be provided: journal name, any association the journal has with professional organizations, the “type of articles” published in it, the intended readership, how often is it published, and would you recommend this journal for review.
  4. Presentation should not be read and used independent of notes as possible. Limit presentation to fifteen to twenty minutes, anticipating five to ten minutes for questions and discussions.
    - a. State the title of the article, authors, journal name and issue.
    - b. Provide background information justifying the study.
    - c. State hypotheses of study if possible.
    - d. Describe the methods used in the study by summarizing inclusion/exclusion criteria, treatment options and tests to assess outcomes.
    - e. Present the results specifying which findings are statistically significant.
    - f. State the author’s conclusions and be able to defend or dispute these conclusions.
    - g. Identify strengths and weaknesses of the study and suggest improvements, if possible.
  5. The student pharmacist may wish to refer to various articles available on evaluating the medical literature.
  6. The student pharmacist should review the disease state being studied in the journal.
  7. Copies of the handout should be provided at the scheduled journal club session.

## GUIDELINES FOR EVALUATING CLINICAL TRIALS

- I. Overall Assessment
  - a. Was the article published in a reputable, peer-reviewed journal?
  - b. Were the investigators qualified to conduct the study?
  - c. Did the authors contribute substantially to the research effort?
  - d. Did the research site have appropriate resources and patients for the study?
  - e. Was the funding obtained from unbiased source?
- II. Title/Abstract
  - a. Was the title of the article unbiased?
  - b. Did the abstract provide a clear overview of the purposes, methods, results, and conclusions of the study?
- III. Introduction
  - a. Did the authors provide sufficient background information to demonstrate that the study was important and ethical?
  - b. Were study objectives clearly explained?
  - c. Were planned subgroup or covariate analyses indicated?
  - d. Were the research and null hypothesis stated?
  - e. Was the study approved by an institutional review board?
  - f. Was the study ethical?
- IV. Methods
  - a. Was the appropriate study design used?
  - b. Did the inclusion/exclusion criteria represent an appropriate patient population for the study?
  - c. Was the sample size large enough to detect a statistically significant difference between the treatment groups?
  - d. Was the study sample representative of the patient population to which the study results were intended to be generalized?
  - e. Was the study controlled? Were the controls appropriate?
  - f. Were the outcome variables relevant, clearly defined, objective, and clinically and biologically significant? Was the method used to measure outcome variables described in detail? Were the outcome variables measured at appropriate time intervals?
  - g. Was the study randomized using an appropriate method? After randomization, were demographics for the treatment and control groups similar?
  - h. Were subjects, investigators, outcome assessors, and data entry personnel blinded? Were these individuals unable to determine whether treatment or control was administered before the blind was broken?
  - i. Were data collected appropriately?
  - j. Was patient compliance with the study medication measured?
  - k. Were patient and investigator compliance with the study protocol monitored?
  - l. Were appropriate statistics used to analyze the data?
- V. Results
  - a. Were dates for the study initiations and completion of the study provided? Is the study current and relevant?
  - b. Were numbers of patient screened, enrolled, administered study treatment, completing, and withdrawing from the study reported? Were reasons for study withdrawal described?
  - c. Were demographics for the treatment and control subjects similar at baseline?
  - d. Were data presented in a clear and understandable format? Were data for both efficacy and safety of the treatment clearly reported?
  - e. Was an intent-to-treat analysis conducted?
  - f. Were exact p-values or confidence intervals reported?
  - g. Was the study power calculated?
  - h. Could a type 1 or type 2 error have occurred?
  - i. Were the study results valid?
  - j. Can study results be generalized to patients in clinical practice?
  - k. Were the results both statistically and clinically significant?
- VI. Conclusions/Discussion

- a. Did the authors compare their study results to those of a systemic review of all previously published data?
  - b. Were the study conclusions consistent with the results and did they relate to the study conclusions?
  - c. Did the study results support the conclusion?
- VII. References
  - a. Is the current literature well represented?

Adapted from Malone PM, Mosdell KW, Kier KL, Stanovich JE, eds. *Drug Information: A Guide for Pharmacists*, 2<sup>nd</sup> Edition. New York: McGraw Hill; 2001:607-9 (Appendix 6-1).

Shenandoah University Residency Programs  
Journal Club Guidelines  
2009-2010

**A. Background**

- a. As new evidence and advances in medicine emerges, it is necessary to evaluate the evidence and its implications in the management of common disease states. The purpose of journal club is to provide residents with the foundation of knowledge and skills to critically evaluate primary literature and discuss applications of evidence and practice guidelines for patient case.
- b. The objectives include:
  - i. To enhance critical thinking skills through evaluation, interpretation, and incorporation of medical and pharmacy literature
  - ii. To expand on breadth and depth of knowledge
  - iii. To develop oral communication skills by presenting drug and medical information to fellow healthcare providers
- c. The topics will include one of the following areas:
  - i. Anticoagulation and Related Disease States
  - ii. Cardiovascular and Related Disease States
  - iii. Endocrinology
  - iv. Infectious Disease
  - v. Men's Health
  - vi. Neurology
  - vii. Psychiatry
  - viii. Pulmonary
  - ix. Women's Health
  - x. Miscellaneous (Chronic Kidney Disease, Rheumatoid Arthritis, Vitamin D deficiency etc)

**B. Orientation**

- a. An evidence-based medicine discussion will occur during the residency orientation in late July at the Bernard J. Dunn School of Pharmacy.
- b. The objectives and expectations of the journal club presentation will be provided during orientation by Drs. Jennifer Clements and Jessica Trompeter in the presence of the residency directors.
- c. All documents and assessment forms will be provided to the residents for their reference.

**C. Journal Club Procedures**

- a. Each resident is required to present 2 journal articles, 1 disease state presentation, 1 treatment guidelines, and 1 patient case during the year.
- b. Each resident will be given a schedule of the topics and dates of residency journal clubs during orientation.
- c. Attendance:
  - i. Attendance is a mandatory requirement of the residency.

1. If a resident is unable to attend a journal club, he or she must confirm absence with residency director. Once the residency director has approved excused absence, then the resident must contact the coordinators for awareness. Timely notice of absence is requested.
- ii. Punctual attendance is expected.
- d. Participation:
  - i. Review of *all* materials in preparation for journal club and active participation is expected.
- e. Meetings:
  - i. Journal club will meet bimonthly on the 2<sup>nd</sup> and 4<sup>th</sup> Fridays of each month from 1-3pm unless otherwise noted.
  - ii. The first journal club meeting will include discussion of the selected disease state, treatment guidelines and medications.
  - iii. The second journal club meeting will include discussion of two journal articles for the treatment of selected disease state and relevant patient case. Discussion of the patient case may include all aspects of the patient's disease states.

#### **D. Preparation and Presentation**

- a. Prior to dissemination to participants, materials should be reviewed by the journal club coordinators, Drs. Jennifer Clements and Jessica Trompeter for approval.
- b. Residents having difficulty in finding appropriate materials for their assigned topic should contact the coordinators in a timely manner for assistance.
- c. All materials should be disseminated to participants after approval via email one week prior to the residency forum.
- d. Residents should provide copies of their handouts to the journal club participants.
- e. Disease state:
  - i. The resident selected to present the selected disease state will:
    1. review all pertinent information need to provide a detailed overview of the disease state.
    2. develop a handout for distribution to all participants at journal club detailing the presentation.
  - ii. Presentation
    1. The disease state presentation should include:
      - a. epidemiology, pathophysiology, clinical presentation, diagnosis, therapeutic goals, non-pharmacologic and pharmacologic therapy
      - b. pediatric therapy, when appropriate.
    2. The disease state should be presented within the 25 minute time limit.
- f. Treatment Guidelines:
  - i. The resident selected to present the clinical guidelines will:
    1. select the relevant guidelines for the chosen topic
    2. review in detail to present the guidelines in succinctly
  - ii. Presentation

1. The guideline presentation should include when relevant:
  - a. staging or classification of the selected disease
  - b. non-pharmacologic and pharmacologic therapy recommendations
  - c. large trials impacting the therapeutic recommendations
  - d. pediatric therapy
2. The guidelines should be presented within the 20 minute time limit.

g. "In the News":

- i. The resident selected to present the "In the News" will:
  1. review news briefs, reports and recent literature for any late-breaking news or hot topics
- ii. Presentation
  1. "In the News" presentation should include:
    - a. All available information regarding the topic
    - b. Sources of the information
  2. The "In the News" should be presented within the 10 minute time limit.

h. Journal Article:

- i. Selection:
  1. The article selected should be fairly recent (i.e. within the last 2 years), peer-reviewed, and from a core journal.
  2. The article should involve an original investigation that related directly to practice. This may be an observational or experimental design. Review articles are inappropriate for this journal club.
  3. Any historic article can be used as background information.
  4. If a resident wishes to present a historic article (i.e. Women's Health Initiative), then the article should be approved by one of the coordinators.
- ii. Presentation:
  1. Journal article presentation should include brief review of the article:
    - a. State the title of the article, authors, journal name and issue.
    - b. Provide background information justifying the study.
    - c. State hypotheses of study if possible.
    - d. Describe the methods used in the study by summarizing inclusion/exclusion criteria, treatment options and tests to assess outcomes.
    - e. Present the results specifying which findings are statistically significant.
    - f. State the author's conclusions and be able to defend or dispute these conclusions.

- g. Identify strengths and weaknesses of the study and suggest improvements, if possible.
    - h. Discussion implications for clinical practice.
  - 2. Each journal club article presentation should include a written handout summarizing the review of the specific article.
  - 3. The journal article should be presented within the 20 minute time limit.
  - 4. Upon completion, an open discussion will be facilitated by the mediator and all attendees should actively participate in the discussion.
- i. Patient Case:
  - i. The resident selected to present the patient case will:
    - 1. select an appropriate patient for the topic
    - 2. develop an appropriate handout introducing the patient case
    - 3. present the patient case to the attendees of journal club
    - 4. facilitate the discussion of the assessment and plan, including monitoring and follow up,
    - 5. present *their* assessment and plan during the discussion
    - 6. be prepared to discuss all aspects of the patient case, including other disease states, past medical history and medications.
  - ii. Patient Presentation:
    - 1. The patient case should include relevant information:
      - a. Chief complaint, history of present illness, review of symptoms, past medical history, social history, family history, medications, allergies, physical exam, laboratory tests and other diagnostic tests.
    - 2. The patient case should be presented within the 15 minute time limit.

#### **E. Evaluation**

- a. Evaluation of all presentations and participation will occur at all journal club meetings.
- b. Residents will be evaluated by all faculty and preceptors present.
- c. The evaluators will complete a written evaluation form and review with the presenter in a timely manner.
- d. The evaluation form will be turned in for each resident to the residency director for the resident's and program's file.

#### **F. Schedule**

- a. The schedule will be developed by the journal club coordinators in conjunction with the residency directors and will be disseminated to the residents during orientation. The residents and residency directors will be notified immediately if any changes to the schedule occur.
- b. Date and Topic schedule

Date	Topic
8/6/09	Venous Thromboembolism
8/28/09	
9/4/09	Atrial Fibrillation
9/18/09	

10/9/09	Diabetes
10/30/09	
1/8/10	Community Acquired Pneumonia
1/22/10	
2/5/10	Hypertension
2/26/10	
3/12/10	Depression
3/26/10	
4/9/10	Heart Failure
4/23/10	
5/7/10	Debate: Topic to be announced
5/28/10	Resident manuscript review

c. Presenter schedule

	1 <sup>st</sup> meeting			2 <sup>nd</sup> meeting			
Month	Disease state	Guidelines	“In the news”	Article	Article	Case	OFF
Aug	AFP	VA1	VA2	VA3	VH1	VH2	VH3
Sept	VA1	VA2	VA3	VH1	VH2	VH3	AFP
Oct	VA2	VA3	VH1	VH2	VH3	AFP	VA1
Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Dec	OFF	OFF	OFF	OFF	OFF	OFF	OFF
Jan	VA3	VH1	VH2	VH3	AFP	VA1	VA2
Feb	VH1	VH2	VH3	AFP	VA1	VA2	VA3
Mar	VH2	VH3	AFP	VA1	VA2	VA3	VH1
April	VH3	AFP	VA1	VA2	VA3	VH1	VH2
May	Debate			Resident manuscript review			

d. Presenters

- i. AFP: Ashlee Weitzman
- ii. VA1: Andrew Forest
- iii. VA2: Jason Liao
- iv. VA3: Sarah McDonald
- v. VH1: Edward (Ted) Doyle
- vi. VH2: Jeffrey Lalama
- vii. VH3: Oluchi Nwanajuobi

## RESITRAK® FOR RESIDENTS (From the ASHP website)

### Guide for Residents: Welcome to ResiTrak!

ResiTrak is a web-based software tool that is used by your residency site to manage the evaluations and record-keeping associated with residency programs accredited by or seeking accreditation by ASHP (American Society of Health-System Pharmacists). Your residency is based on goals and objectives as set forth by the Residency Learning System (RLS). ResiTrak is a tool that is based on the RLS and helps your residency program meet the standards for accreditation. As a resident, you will use ResiTrak to complete self-evaluation and co-sign evaluations completed by preceptors. ResiTrak will notify you by e-mail when you need to complete a task. You can follow the link in the e-mail or the link in your task list within ResiTrak to complete each task.

### LOGGING IN

When you have been enrolled in your residency program in ResiTrak, ResiTrak will send you an e-mail message containing your password. Please copy and paste this password into the login screen (<http://resitrak.mccreadiegroupp.com>) because the initial passwords are complex. The initial passwords are 14 characters long. Occasionally certain e-mail programs change the characters in the passwords. If your password has a different number of characters or if you try several times and the password won't work, click "forgot password" on the login screen, and a new one will be sent to you. If you get locked out because you've tried too many times, contact [support@mccreadiegroupp.com](mailto:support@mccreadiegroupp.com) and ask to have your account unlocked. If you forget your password, click "forgot password" on the login screen (<http://resitrak.mccreadiegroupp.com>), and a new one will be sent to you.

### CHANGING YOUR PASSWORD

We recommend that you change your password the first time you log in. Go to "Change Password" in the "My Account" menu. You will be prompted to enter your current password, and then type your new password two times. You may change your password as often as you wish.

### PERSONAL INFORMATION

You can edit/change your e-mail address, name, address, phone number, etc. under "Edit My User Info" in the "My Account" menu. If the e-mail address in ResiTrak is your personal e-mail and you wish to switch it to your professional e-mail once you get on site, simply switch it in the Edit My User Info screen. Once you change your e-mail, you will use that one to log into ResiTrak.

### TASKS

When your preceptor or RPD schedules something for you to complete (e.g. complete an evaluation), ResiTrak will generate a task. In addition, ResiTrak will generate tasks when your preceptor or RPD completes something that you need to co-sign (e.g. evaluation, customized training plan). Tasks are listed in the task list on ResiTrak's home page (the main screen in ResiTrak). You can control how many upcoming tasks you see by changing the setting in the drop-down box on the main screen. ResiTrak will also send out e-mail notifications of tasks in advance of the due date. The e-mail notifications contain the same tasks that are in your task list. To complete a task, you may click on the link on your home page or click on the link in the e-mail notification. After you have completed a task, it will be removed from your task list. When tasks are over-due, the due date will be red. Preceptors and RPDs can delete evaluation tasks. If there is something on your task list that you do not think should be there, please contact your preceptor or RPD first.

### EVALUATIONS

**Please note** that evaluations have a 30-minute time limit per page. Be sure to save what you are doing if it will take you longer than 30 minutes, or if you are called away. Explanations for some of the evaluation scales are provided in "tool tips." Place your cursor over the button in the scale for a few seconds, and an explanation will be provided. For numerical scales without information in the tool tips, please contact your RPD for explanation.

There are multiple types of evaluations in ResiTrak.

Summative evaluations are used to evaluate the goals and objectives for learning experiences (which are often referred to as rotations). The resident will receive a summative self-evaluation and the preceptor(s) will receive a summative evaluation to complete. Snapshot evaluations are used to evaluate criteria associated with one of the objectives. Like summative evaluations, there is a snapshot self-evaluation completed by the resident and a snapshot completed by the preceptor(s). Snapshots are only available for PGY1 Pharmacy programs. Learning experience evaluations are completed by the resident to evaluate the learning experience. Preceptor evaluations are completed by the resident to evaluate the preceptors. One preceptor evaluation is created for each preceptor associated with the learning experience.

Custom evaluations are created by ResiTrak users. They may be completed by residents and/or preceptors/RPDs.

After an evaluation is complete, it is routed for co-signatures. Evaluations completed by the resident are co-signed by the preceptor, and then co-signed by the RPD. Evaluations completed by the preceptor are co-signed by the resident, and then co-signed by the RPD. If you submit an evaluation, and then decide you want to make changes, please ask your preceptor or RPD to send it back for edit. They can do it using “manage tasks and evaluations” in the preceptor menu.

### **CUSTOMIZED TRAINING PLAN**

Customized training plans are used by your program director to customize the residency to you based on your interests and career goals. Within a customized training plan note, there may be comments about the resident’s performance, changes to the resident’s schedule, changes to the objectives that are part of the resident’s plan, etc. When the RPD completes an entry in the customized training plan, it will be forwarded to the resident for co-signature. If comments are made by the resident, it will be sent to the RPD for co-signature. The training plan will be routed between the resident and RPD until no further changes are made to the training plan or resident’s comments.

### **REPORTS**

Reports are the way that ResiTrak compiles information for you to view. All reports are generated as PDF documents. (If your computer cannot read PDF documents, please download Acrobat reader, which is freely distributed by Adobe). If you have trouble opening a file, save it to your computer, and then open the saved file. There are three different types of reports, in separate sub-menus. “Resident-specific reports” are those reports that contain the resident’s personal data, such as evaluations and customized training plan entries. You only have access to reports containing your data, not data for other residents. “Site reports” contain information about your site, your program, and learning experiences. “Preceptor/learning experience reports” are evaluations completed by residents evaluating the preceptors or learning experiences and only available to preceptors and program directors. One report that may be particularly helpful to view is the report for each learning experience (in site reports). Using the report with the objectives, you will be able to see each objective that will be included in the summative evaluations for the learning experience. If you view the report that includes criteria, you will be able to see the criteria that make up snapshots that may be used during your learning experience.

### **LOGOUT**

To logout of ResiTrak, click the “Logout” link in the top right corner. Be sure to save anything you want to keep before clicking “logout”.

### **SUPPORT**

If you have any questions or problems when using ResiTrak, please refer to our help and support page.

## RESIDENT CHECKLIST

Residency Requirement	Date	Completed	Notes
Drug Monograph			
Drug Use Evaluation (DUE)			
Medication Use Evaluation (MUE)			
ADR, FDA MedWatch, VADERS (Longitudinal)			
Pharmacy Newsletter (1)			
Pharmacy Newsletter (2)			
Drug Information Questions (as assigned/requested)			
Create and maintain two copies of a Residency Binder to record progress			
Complete all Evaluations for each rotation on ResiTrak®			
Complete all required training for VA employees to include BCLS			
Medical Grand Rounds Presentation			
Chair Clinical Pharmacists Meetings (as assigned)			
Attend Clinical Pharmacist Meetings (q/month)			
Smoking Cessation Class (q/month as assigned)			
Coordinate and Facilitate Student Journal Club (q/month as assigned)			
Disease states discussion (q/month as assigned)			
Attend ASHP Midyear Clinical Meeting			
Attend Eastern States			
Attend Pharmacy Staff Meetings			
Attend and present ISMP to Pharmacy Patient Safety Meetings			

Attend P&T Committee Meetings (q/month)			
Staffing in Inpatient and Outpatient pharmacy every 3 <sup>rd</sup> weekend			
Answer Non-Formulary Consults (as assigned)			
Administration and/or participation in the facility emergency preparedness cache drill			
Attend Residency Orientation at the Shenandoah University School of Pharmacy			
Attend monthly Residency Forum/Journal Club meetings at the Shenandoah University School of Pharmacy			
Submit Final Residency Research Project Proposal to IRB			
Get IRB and R&D approval for Residency Research Project			
Submit Residency Research Project Abstract to Eastern States			
Design Poster for Residency Research Project			
Present Residency Research Project Poster at Eastern States Conference			
Complete Manuscript for Residency Research Project			
Facility Orientation (1 week)			
Inpatient Pharmacy Orientation Rotation (4 wks)			
Outpatient Pharmacy Orientation Rotation (4 wks)			
Project/Management Orientation/Self Direct (1 wks)			
Anticoagulation - Primary Care (6 wks)			
Pharmacotherapy - Primary Care (6 wks)			
Internal Medicine - Acute Care (6 wks)			
Nursing Home - Long Term Care (6 wks)			
Research Project/Longitudinal/ASHP (12 weeks)			

Project/Management Self-Direct (2 weeks)			
Elective 1 (4 wks)			
Elective 2 (4 wks)			
Elective 3 (4 wks)			
Wrap up (2 wks)			
Attend Residency Graduation			

**Bernard J. Dunn School of Pharmacy/Shenandoah University  
Pharmacy Residency Teaching Certificate Program  
2009-2010**

**Rationale**

The need for pharmacy educators will continue to increase in the future as new pharmacy schools are developed and existing pharmacy schools increase their class sizes in order to meet the demand for pharmacists. Minimum requirements for pharmacy faculty positions include residency training or equivalent experience. Most pharmacy residency programs focus on clinical practice and patient care with less emphasis on teaching and research. Because of this, many new faculty members have not been adequately trained for the responsibilities of didactic or experiential teaching, which may significantly impact the quality of instruction that is delivered. As a result, several pharmacy residency programs including The University of Kentucky, Purdue University, and others have developed formal teaching certificate programs. Many candidates for faculty positions from other schools of pharmacy will be graduating from programs that offer a teaching certificate program. Many pharmacy residents will not however go into an academic position upon graduation from their residency. The knowledge and experiences gained in The Bernard J. Dunn School of Pharmacy Residency Teaching Certificate Programs will be applicable in assisting the resident to strengthen their teaching skills and overall become more comfortable in teaching regardless of the practice setting.

**Overall Program Description**

The certificate program will consist of varied experiences during the residency year. This will include attendance at and participation in a lecture seminar series on pedagogy topics; reading assignments; formal teaching experiences including didactic presentations, case-based laboratory facilitation, experiential teaching; evaluations and feedback of teaching; and development of a teaching portfolio. A certificate of completion will be awarded to the resident by Shenandoah University's Bernard J. Dunn School of Pharmacy and School of Education & Human Development upon the successful completion of all elements of the program as acknowledged by the Residency Teaching Certificate Program Directors.

**Audience**

All pharmacy residents in residency programs affiliated with the Bernard J. Dunn School of Pharmacy can participate. The program will be optional for each resident based on their interests and career goals. New faculty and other residency programs may be invited to attend as appropriate.

**Timeline**

The program is offered yearly and participants are expected to complete the program during their residency year.

### **Specific Program Elements**

1. **Pedagogy Seminars** will consist of twelve lectures of approximately 1.5 hours in length given in conjunction with the Shenandoah University Bernard J. Dunn School of Pharmacy and Shenandoah University School of Education & Human Development. Residents are expected to attend all lectures (minimum 80%). Unless otherwise specified, readings will be assigned from McKeachie WJ, Svinicki M, eds. McKeachie's Teaching Tips. 12<sup>th</sup> edition. Boston: Houghton Mifflin; 2006. It is expected that the residents will read the assigned readings before the lecture seminar and be prepared to discuss during the lecture seminar.
2. **Didactic experiences** will consist of two one-hour, peer-reviewed lectures given by the resident during the residency year at the School of Pharmacy. The resident will work closely with a content expert, residency program director, and Residency Teaching Certificate Program Directors during the process.
3. **Experiential experiences** will consist of the resident serving as the primary preceptor in conjunction with a faculty member/preceptor for one student rotation in the spring semester.
4. **Two small group lab sessions** consisting of a student case work up, skill practice, and note writing exercise (PHAR 723/724 Patient Assessment I/II) will be facilitated by the resident in conjunction with a faculty member.
5. **A teaching portfolio** will be completed by the resident as a compilation of all teaching experiences and development of a teaching philosophy.